

M06000005846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

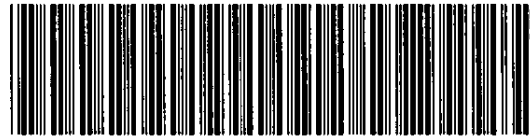
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Resignation RA.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV -5 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROBERT D. HENRY ARCHITECT, PLLC
Name of Limited Liability Company

DOCUMENT NUMBER: M06000005846

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAGGIE HOPE
Name of Person

HIQ CORPORATE SERVICES, INC.
Name of Firm/Company

715 SAINT PAUL STREET
Address

BALTIMORE, MD 21202
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGGIE HOPE at (410) 752-8030
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

HIQ CORPORATE SERVICES, INC., hereby resigns as
Name of Registered Agent

Registered Agent for ROBERT D. HENRY ARCHITECT, PLLC

Name of Limited Liability Company

M06000005846

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

MAGGIE HOPE

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

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3 NOV -4 ... 1:40
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314